Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5172BPR	A. BUILDING _____ B. WING _____	04/03/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LTC - CONTINUUM	4709 SOPHIA WAY N LAS VEGAS, NV 89032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	Initial Comment This Statement of Deficiencies was generated as the result of an complaint survey conducted at your facility on April 6, 2009. The facility was licensed as a Business that Provides Referrals to Residential Facilities for Groups (BPR). There were no clients at the time of the survey. There was one (1) complaint investigated. Complaint # NV21474 - was substantiated. See TAG #Y 0020. The following regulatory deficiencies were identified.	K 000		
K 020 SS=D	NAC 449.27829 Responsibilities of referral Agency 1. A referral agency shall: (a) Complete a needs assessment and financial assessment for each client and make referrals for the services that would best meet the physical, psychosocial and financial needs and wishes of the client; and This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to make referrals to ensure, services would best meet the physical and psychosocial needs of the client. Findings include: Client # 1 was an 70 year old man diagnosed with Chronic Kidney Disease, Hyperpotassemia, Renal & Ureteral Disease and Alzheimer's Disease. The client also had a history of	K 020		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 020	Continued From page 1 behaviors to include; wandering and combativeness. The referral agency conducted an assessment on Client #1 on 3/12/09, prior to making a referral to a prospective Group Home placement. On 3/23/09, the referral agency referred Client #1, to a Group Home placement that was not licensed or equipped to handle clients with Alzheimer's Disease. The facility was unable to properly care for and meet the client's physical and psychosocial needs. Interview with an employee at the facility, indicated that the referral agency failed to disclose the client's Alzheimer's diagnoses. After the client was admitted, the facility noticed the client was exhibiting some behaviors and appeared to be in need of a higher level of care, than they were equipped to provide. The facility then contacted the client's previous placement and was notified that the client was diagnosed with Alzheimer's Disease. Within 5 days of admission on 3/28/09, the facility had the client transferred to an appropriate Alzheimer's facility. Severity: 2 Scope: 1	K 020		